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MUCOSAL ADMINISTRATION OF HSP 65 DECREASES
ATHEROSCLEROSIS AND INFLAMMATION IN THE AORTIC
ARCH OF LDL RECEPTOR DEFICIENT MICE

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Increasing evidence supports the involvement of inflammation and immunity in atherosclerosis, as well as the role of autoimmunity to heat shock proteins in the progression of atherosclerosis. Mucosal administration of autoantigens decreases organ specific inflammation and disease in animal models (diabetes, arthritis and EAE) and is being tested in human clinical trials. We examined the effect of nasal or oral administration of HSP65 on atherosclerotic lesion formation in mice lacking the receptor for low-density lipoprotein maintained on a high cholesterol diet. Animals were nasally treated with 0.8ug HSP 65 three times every second day or orally treated with 8 ug HSP 65 on 5 consecutive days. A high cholesterol diet was started after the last treatment and mice were mucosally treated once/week for 8 weeks at which time pathologic analysis was performed. In nasally treated animals, we found a reduction in macrophage-positive area in the aortic arch (3.44% vs. 13.03% in controls, $p = 0.006$) as well as a reduced number of T-cells ($p = 0.02$). There was also a decrease in the size of atherosclerotic plaques. A similar trend was observed in orally treated animals but was not significant. Mice nasally treated with HSP also gained significantly less weight than fed or control treated mice. Our results suggest that nasal treatment with HSP reduces the inflammatory process associated with atherosclerosis and may provide a new treatment approach.

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Phase I Clinical Trial of Orally Delivered Hepatitis B Surface Antigen
Expressed in Potato Tubers.

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A randomized, doubleblind, placebo-controlled phase I clinical trial has been completed at Roswell Park Cancer Institute to evaluate the safety, tolerability and immunogenicity of orally delivered HBsAg expressed as a protein in transgenic potato tubers. Forty-five healthy healthcare workers with a history of known positive

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CHOLERA TOXIN B SUBUNIT AS MUCOSAL CARRIER-DELIVERY SYSTEM FOR SPECIFIC IMMUNOTHERAPY.
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Over the last few years attention has been devoted to the development of effective treatments that could prevent or halt untoward immune responses, such as those underlying autoimmune diseases, allergic reactions, and to large chronic infections. Studies initiated in this laboratory have shown that the efficacy of cholera B subunit as a mucosal immunomodulating and co-stimulatory system agent for optimal induction of immune tolerance in various preclinical models of autoimmune diseases. More recently, this system has proven to be especially effective for the type I allergic response and for bypassing T-cell dependent immunopathological reactions to prevent infectious microorganisms. The mechanisms of action of this system and as particular the role of mucosal dendritic cells in the induction of such form of suppression is currently under study. These studies will be presented and their implications will be discussed. (Supported by IN-3238, Swedish Medical Research Council, European Communities EC Biotech IV NovoNordisk, Tivoli)

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MYELIN-SPECIFIC TOLERANCE ATTENUATES DISEASE SEVERITY IN A VIRALEDUCED MODEL OF MULTIPLE SCLEROSIS. Katherine L. Hirsch, Lou Malin¹, and Stephen D. Miller, Northwestern University Medical School, Chicago, IL 60611, and ²Akorn Pharmaceuticals, New Haven, CT 06511. Theiler's Murine Encephalomyelitis Virus-Induced Demyelinating Disease (TMEV-IDD) is a relevant model for the autoimmune disease multiple sclerosis (MS). Approximately 30 days after intracerebral inoculation of SJL mice with TMEV, clinical disease signs arise, characterized by spastic paralysis, chronic disease progression, and mononuclear cell infiltrate into the CNS. While initial demyelination in TMEV-IDD is mediated by virus-specific CD4+ T cells, reactivity to myelin epitopes can be detected in TMEV infected mice 55 days post infection, demonstrating autoimmune specificity in this virus-induced disease.

Administration of the fusion protein MP4, a fusion of myelin protein MBP and PLP, to TMEV infected SJL mice 40 days post infection attenuates disease severity in a dose-dependent manner, reduces demyelination, and also decreases DTH responses to myelin peptide. Indication of myelin-specific T cells are directly involved in the chronic progressive nature of TMEV-induced pathology.

Additionally, T cells isolated from the spinal cords of TMEV infected animals produce and secrete IFN- γ in response to PLP130-151 peptide stimulation *in vitro*. Both isolation of myelin specific cells from the CNS of TMEV infected animals, and myelin specific tolerance in TMEV-IDD indicate that myelin T cell responses contribute to disease severity in this virus induced model of MS, and support the idea of antigen specific tolerance as an effective treatment of ongoing autoimmune disease. (Supported by NIH grant NS23349)

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MUCOSAL ADMINISTRATION OF HSP 65 DECREASES ATHEROSCLEROSIS AND INFLAMMATION IN THE AORTIC ARCH OF LDL RECEPTOR DEFICIENT MICE
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Increasing evidence supports the involvement of inflammation and immunity in the progression of atherosclerosis as well as the role of the immune system to heat shock protein in the prevention of atherosclerosis. Mucosal administration of heat shock protein, an organ specific inflammation and disease in animal models (diabetes, vascular and EAE) and is being tested in human clinical trials. We examined the effect of nasal or oral administration of HSP 65 on atherosclerosis in the aortic arch of mice lacking the receptor for low density lipoprotein (LDL) receptor. Mice lacking the LDL receptor were orally treated with 0.3ug HSP 65 three times every second day or orally treated with 1 ug HSP 65 on 3 consecutive days. A high cholesterol diet was started after 10 weeks of age. At week 12 mice were treated once/week for 8 weeks with a single dose of atherosclerosis specific monoclonal antibody. We observed a reduction in macrophage-positive area in the aortic arch (3.46% vs. 13.03% in controls, $p = 0.008$) as well as a reduced number of T-cells ($p = 0.03$). There was also a decrease in the size of the atherosclerotic plaques. A similar trend was observed in the atherosclerosis specific antibody treated mice. Mice orally treated with HSP 65 also showed significantly less weight gain than fed and control treated mice. Our results suggest that nasal treatment with HSP 65 reduces the inflammatory process associated with atherosclerosis and may provide a new treatment approach.

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HIGH DOSE-ANTIGEN FEEDING INDUCES CD4 T CELLS WITH SUPPRESSOR ACTIVITY IN THE LIVER.
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Oral feeding of low or high dose antigen (Ag) induces Ag-specific immunosuppression in a series of experiments in mice. In contrast, high dose Ag feeding induces Ag-specific T cells with suppressor activity in the liver. Since a part of Ag fed at high dose should reach to the liver as an immunogenic form, we examined the possibility that Ag-specific T cells are activated by high dose Ag feeding. OVA-TCR transgenic mice were fed 10⁴ or 10⁵ Ag⁺ OVA, or PBS. Every other day for five weeks and these CD4 T cells were purified and transferred to naive Balb/c mice liver. Only intrahepatic CD4 T cells (IH-L4) from high dose Ag-fed mice suppressed both Ag-specific DTH and antibody responses when adaptively transferred to naive Balb/c mice. Upon Ag-stimulation in vitro, the secretion of IL-10, TGF- β and especially IL-4 by IH-L4 from Ag-fed mice was increased. In contrast, Ag-specific T cells from PBS fed mice did not secrete IL-2 and proliferative responses by these T cells were decreased. In addition, these IH-L4 from Ag-fed mice inhibited Ag-specific proliferation of naive splenic CD4 T cells. FACS analysis revealed that the population of Ag-specific CD4 T cells in the liver by Ag-feeding was similar with that of splenic CD4 T cells. For example, the result that closed deletion was induced in the liver. Naive splenic CD4 T cells cultured with OVA presented by liver-derived APCs showed a similar profile of cytokine production to that of IH-L4. Taken together, these data suggest that high dose Ag feeding induces CD4 T cells with suppressor activity in the liver. Noteworthy, Ag-specific T cell suppression is considered to be induced in the liver after high dose-Ag feeding.

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Phase I Clinical Trial of Orally Delivered Hepatitis B Surface Antigen Expressed in Potato Tubers.
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A phase I, double-blind, placebo-controlled study of a oral trial has been completed as Roswell Park Cancer Institute to evaluate the safety, tolerability and immunogenicity of orally delivered HBsAg expressed as a protein in transgenic potatoes. Forty-five healthy healthcare workers with a history of known positive response to a hepatitis B vaccine and no history of hepatitis B infection (as determined by a series of the inclusion criteria) were recruited for the trial. The 45 volunteers were randomized into one of three groups. Each group ate either vaccinated or placebo potato at defined intervals. Study subjects were randomized by use of a centrally generated randomization list. This list was provided to the study pharmacist who was blinded to study group assignments. All other aspects of the study and the study subjects remained blinded through the completion of the study. Subjects had baseline chemistry, hematology and anti-HBs antibody determinations performed before their first dose of vaccine and at predetermined intervals throughout the trial. As a phase I study, this study primarily as assessment of the relative safety and immunogenicity of transgenic HBsAg expressing potatoes.

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ORAL IMMUNIZATION BY FOOD IS LESS EFFECTIVE THAN INTRAGASTRIC IMMUNIZATION.
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The feasibility of edible vaccines was studied by oral immunization of mice with chicken ovalbumin (OVA) mixed with standard food. Other mice were immunized with a similar dose of OVA via intragastric immunization. Intragastric immunization induced a 2-fold higher serum of anti-OVA IgG and a 3-fold higher number of anti-OVA IgG positive cells in the spleen compared to the oral route of immunization. Furthermore, intragastric immunization elicited a 20-fold higher anti-OVA IgG response in serum and a 3-fold higher anti-OVA IgG response in spleen than food immunization. The addition of the Vaseline cholesterol to food did not enhance the immunogenicity. Possible reasons for the difference between these immunization routes will be discussed. We conclude that intragastric immunization is merely limited indicative for the effectiveness of edible vaccines.